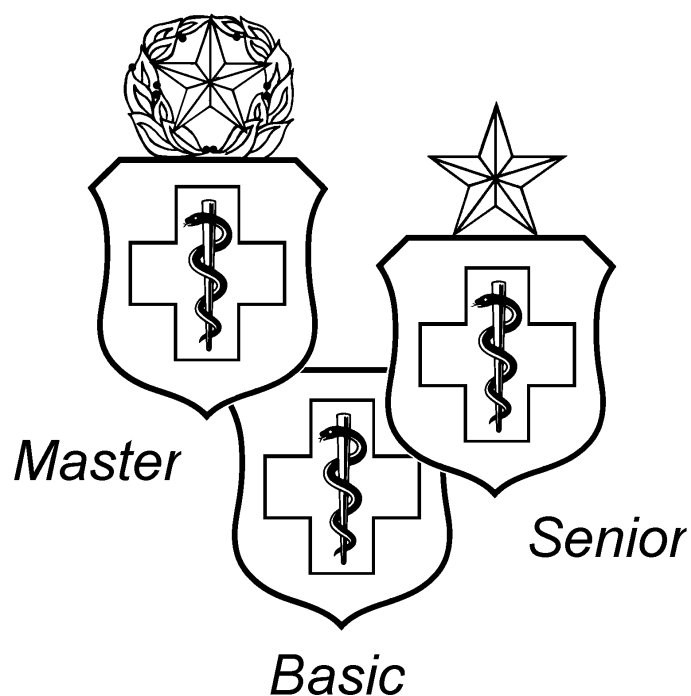


AEROSPACE MEDICAL SERVICE SPECIALTY
NURSING CARE OF PATIENTS IN EMERGENCY SITUATIONS



**TRAINING THE BEST MEDICS FOR THE BEST
AIR FORCE IN THE WORLD**

**383 Training Squadron
Training Management Section
939 Missile Road STE 3
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QTP 4N0X1-3

MEDICAL SERVICE SPECIALTY

Volume 3: Nursing Care of Patients in Emergency Situations

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INTRODUCTION

1. These Qualification Training Packages (QTPs) were developed to enhance on-the-job training for *Aerospace Medical Service Specialty* personnel. As a trainer, the QTPs provide you with the breakdown of tasks into teachable elements. The teachable elements will help you to guide the trainee toward sufficient proficiency for task performance **without assistance**. QTPs are also used by the task certifier/certification official to evaluate trainees concerning tasks which need third-party certification.
2. Review each volume and identify which modules of QTPs are needed for the trainee's job position. Core task items are identified with the number "5" on the STS Column 2; these items are the minimum mandatory skills which are required for all 4N0X1 personnel to be proficient in performing. You have the flexibility to arrange training for each module in the order that you decide.
3. Review the subject-area tasks in each module with the trainee. Direct the trainee to review the training references to gain a better understanding of the objective for each module. If the trainee has any questions about the objective, clarify the behavior that is expected in the objective. Review the performance checklist with the trainee, and allow him/her sufficient time to learn each step (some objectives may take longer to teach). Remember--the objective of each QTP is to standardize training and to allow sufficient time for the trainee to learn each task thoroughly in order to perform the task **without assistance**.
4. When the trainee receives sufficient training and is ready to be evaluated on an objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully accomplishes the objective, document task completion appropriately in the six-part folder.
6. The QTP task completion is to be annotated on AF Form 1098, *Special Task Certification and Recurring Training*, filed in Part 3, Section B of the six-part training folder. **NOTE:** The individual checklists are **not** filed in each member's six-part training folder. A master checklist is filed in Part 3, Section B of the Master Training Plan (MTP) six-part training folder.
7. If the trainee does not accomplish the objective, review the areas which need remediation. Conduct a feedback concerning each module with the trainee, and document appropriately in the 6-part folder. As the trainer, when you are satisfied that the trainee is qualified to perform the task, he/she will be re-evaluated until the objective is met.
8. If the task which is being trained requires third-party certification by a task certifier/certifying official, the trainer first must ensure that the trainee is qualified to perform the task **without assistance**. Then the trainee will be evaluated by a task certifier/certifying official. The tasks which require third-party certification are denoted with a "Λ" in Column 3E of the Career Field Education and Training Plan (CFETP). After third-party certification, training qualification is documented appropriately in the 6-part folder.

9. The QTPs are a necessary tool for standardizing refresher/sustainment training. Such standardization will benefit the CFETP training concept throughout each member's career. These documents also will be utilized for assessing/certifying the Aerospace Medical Service Specialist each time that he/she is assigned to a new duty position. The QTP developers' goal is to publish a usable document for certifying officials, trainers, and trainees for the purpose of enhancing on-the-job training for *Aerospace Medical Service Specialty* personnel. We value your first-hand expertise, and we encourage your feedback. Direct all inquiries to:

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FIELD TRIAGE

SUBJECT AREA:	Emergency care procedures.
TASK(s):	Prehospital/ Field triage.
CFETP/STS REFERENCE(s):	9.4.2.2.
EQUIPMENT REQUIRED:	Ambulance with complete supply and equipment inventory.
TRAINING REFERENCE(s):	Brady Emergency Care, current edition, and local instructions.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in ambulance operations in situations involving the need for field triage.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects in situations involving the need for field triage.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated by conducting a mock-exercise scenario.
2. After the trainee has received instruction, allow sufficient practice on each part of the task.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Respond safely to scene		
2. Use proper radio transmissions at all times		
3. Assess scene for safety hazards, don gloves, and establish a command post		
4. Perform initial triage and use tags to place in appropriate categories: a. Priority 1 - Immediate care required (RED) also called IMMEDIATE: (1) Respiratory arrest or obstruction (2) Suspected heart attack (3) Severe bleeding (4) Severe head injury (5) Cervical spine injury (6) Open chest or abdominal wound (7) Fractures to extremities with no distal pulse present (8) Femur fractures (9) Critical or complicated burns involving respiratory complications (10) Severe shock (11) Tension pneumothorax (12) Other correctable life-threatening illnesses or injuries b. Priority 2 - Care may be delayed (YELLOW) also called DELAYED: (1) Moderate blood loss (2) Moderate to critical burns without airway problems (3) Open or multiple fractures (4) Eye injuries (5) Back injuries (6) Other serious but not life-threatening illnesses or injuries c. Priority 3 - "Walking wounded" (GREEN) also called MINIMAL: (1) Minor soft tissue injuries (2) Simple fractures and sprains (3) Minor to moderate burns d. Priority 4 - Dead or fatally injured (BLACK/BLUE)also called EXPECTANT: (1) Exposed brain matter (2) Cardiac arrest (may be placed in Priority 1 if manpower permits) (3) Decapitation (4) Severed trunk (5) Incineration		
5. Assign personnel to perform initial treatment in order of priorities established		
6. Perform secondary triage as more help arrives: a. Reassess patients and upgrade or downgrade priority accordingly b. Ensure care is performed according to reassigned priorities		
7. Properly load and transport patients to hospital according to priorities		
8. Document all procedures		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***SET-UP EQUIPMENT FOR
CARDIOVERSION/DEFIBRILLATION/PACE MAKER***

SUBJECT AREA:	Emergency care procedures.
TASK(s):	Set-up equipment for cardioversion/defibrillation/pace maker.
CFETP/STS REFERENCE(s):	9.1.15.2.2
EQUIPMENT REQUIRED:	ECG monitor/defibrillator with leads and electrodes, conduction gel/paste, suction unit, BVM, oxygen, pacing equipment, cutdown tray, suture and dressing material, gloves, and fully stocked crash cart.
TRAINING REFERENCE(s):	Lippincott Manual of Nursing Practice, current edition, and ECG monitor/defibrillator manufacturer's operating instructions.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in setting up equipment for cardioversion/defibrillation/pace maker.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of setting up equipment for cardioversion/defibrillation/pace maker.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Gather supplies/equipment		
3. Don gloves		
SET-UP FOR CARDIOVERSION		
1. Identify patient, explain procedure, ensure patient has been NPO 12 hours before procedure, and ensure written consent has been obtained		
2. Ensure IV line is established		
3. Obtain baseline vital signs, to include EKG		
4. Ensure appropriate lab work has been accomplished (i.e. potassium)		
5. Set electrical energy level as ordered by physician		
6. Apply conduction gel/paste to paddles		
7. Ensure monitor recorder is running to record procedure		
8. Stand clear during cardioversion		
9. Observe monitor during and after cardioversion		
10. Obtain post-procedure vital signs, to include EKG		
SET-UP FOR DEFIBRILLATION		
1. Perform initial patient assessment IAW AHA standards		
2. Ensure CPR is initiated with airway adjunct and high flow oxygen via BVM		
3. Ensure IV line is established		
4. Ensure EKG monitor is connected to patient		
5. Identify ventricular tachycardia or ventricular fibrillation		
6. Set electrical energy level as ordered by physician		
7. Apply conduction gel/paste to paddles		
8. Ensure monitor recorder is running to record procedure		
9. Stand clear during defibrillation		
10. Observe monitor during and after defibrillation		
11. Set electrical energy level(s) for subsequent defibrillation attempts or resume CPR as ordered by physician		
12. Ensure all procedures are recorded		
SET-UP FOR PACEMAKER INSERTION		
1. Ensure all equipment is readily available		
2. Ensure battery on unit is functional		
3. Assist physician as directed during procedure		
4. Ensure all procedures are recorded		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

IRRIGATE EYES

SUBJECT AREA:	Emergency care procedures.
TASK(s):	Irrigate eyes.
CFETP/STS REFERENCE(s):	9.4.2.7.2
EQUIPMENT REQUIRED:	Sterile saline or prescribed solution, IV set-up with attached tubing, basins, gloves, and drapes.
TRAINING REFERENCE(s):	Lippincott Manual of Nursing Practice, current edition.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in eye irrigation.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of eye irrigation.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Gather equipment		
3. Identify patient/explain procedure		
4. Wash hands		
5. Don gloves		
6. Position patient in lying position		
7. Instruct patient to tilt head toward side of the affected eye		
8. Drape patient appropriately		
9. Position basin to collect solution		
10. Irrigate eye with solution, allowing it to flow from the inner canthus outward		
11. Instruct patient to rotate eye as solution is administered		
12. Pat the eye dry after the procedure		
13. Assist patient to position of comfort		
14. Dispose of supplies properly		
15. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***APPLY SIMPLE CAST/SPLINT,
TRIM/PETAL, BIVALVE, AND REMOVE CAST***

SUBJECT AREA:	Emergency care procedures.
TASK(s):	Apply and remove a simple cast/splint, bivalve, trim/petal cast.
CFETP/STS REFERENCE(s):	9.1.12.2.2. , 9.1.12.2.3., 9.1.12.2.4., 9.1.12.2.5.
EQUIPMENT REQUIRED:	Gloves, cast padding, scissors, drapes, pail of room temperature water, casting material, stockinette, cast spreader, cast cutter, felt-tip pen.
TRAINING REFERENCE(s):	Lippincott Manual of Nursing Practice, current edition .
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in cast application, trimming, petaling, bivalving, and removal.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of cast application, trimming, petaling, bivalving, and removal.
EVALUATION INSTRUCTIONS:	
1.	After the trainee has received instruction, allow sufficient practice on each part of the task.
2.	The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3.	Use the performance checklist to ensure all steps of the task are accomplished.
4.	Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
CAST APPLICATION PROCEDURE		
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Position patient in comfortable position with extremity to be treated in proper position and drape the patient		
5. Assess neurovascular status of extremity		
6. Measure and apply stockinette		
7. Apply cast padding with particular attention paid to bony prominences		
8. Submerge cast material in room temperature water to saturate		
9. Squeeze excess water from cast material		
10. Wrap the extremity with the cast material from distal-to-proximal; ensure overlapping the material by 1/2 the width of the roll with each turn		
11. Smooth the cast material		
12. Trim cast to proper size		
13. Fold stockinette over edges of cast		
14. Prepare and apply a second layer of cast material		
15. Reassess neurovascular status in extremity		
16. Dispose of supplies properly		
17. Document procedure		
TRIM/PETAL CAST		
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Inspect cast for any rough areas or chipped material		
5. Trim frayed areas from edges of cast		
6. Cut several "petals"(strips of 1 or 2 inch tape)		
7. Trim edges of petals to form curves or points		
8. Slip half of each petal (trimmed edge first) into the inside of the cast		
9. Secure the other end of the petal over the edge and onto the outside of the cast		
10. Use as many petals as needed to cover the cast edge		
BIVALVE CAST		
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Position patient in comfortable position with extremity to be treated in proper position and drape the patient		
5. Rest thumb on cast		
6. Turn on electric cutter		
7. Push blade firmly and gently through the cast using the thumb to steady the blade		

continued on next page

Vol.3 Module 4 (cont.) Apply Simple Cast/Splint, Trim/Petal, Bivalve, and Remove Cast

PERFORMANCE ITEM	SAT	UNSAT
CAST APPLICATION PROCEDURE <i>continued</i>		
8. For lower limbs, cut down the lateral and medial sides		
9. Extend cut to the malleoli		
10. As the material is cut through, lift blade up and begin a new cut		
11. Cover bivalved parts with cast padding material and stockinette		
12. Document procedure		
CAST REMOVAL		
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Position patient in comfortable position with extremity properly positioned		
5. Drape the patient		
6. Rest thumb on cast		
7. Turn on electric cutter		
8. Push the blade firmly and gently through the cast using the thumb to steady the blade		
9. As one area is cut through, lift the blade and advance up one side of the cast		
10. Cut the opposite side of the cast in the same manner		
11. Spread the two side open with the cast spreader		
12. Cut through the padding and stockinette with scissors		
13. Gently lift the extremity out of the cast		
14. Cleanse the skin with mild soap and water		
15. Pat dry and apply a skin cream per local protocol		
16. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

EMERGENCY MEDICATION ADMINISTRATION

SUBJECT AREA:	Medications and fluid therapy under supervision of nurse or physician, and emergency care procedures.
TASK(s):	Prepare and administer sublingual medications. Emergency medications: Epinephrine auto-injector, oral glucose, activated charcoal, syrup of ipecac, and assist patients with prescribed medications (bronchodilator inhalers and sublingual nitroglycerin).
CFETP/STS REFERENCE(s):	9.1.4.3.2.1., 9.1.4.3.2.5., 9.1.4.3.2.12., 9.1.4.3.2.13.,
EQUIPMENT REQUIRED:	Gloves, epinephrine auto-injector, oral glucose, activated charcoal, magnesium citrate (or other locally approved liquid for mixing with charcoal), syrup of ipecac, prescribed medications (bronchodilator inhaler and sublingual nitroglycerin), medication cups, tongue depressors, B/P cuff, stethoscope, and sterile dressing material.
TRAINING REFERENCE(s):	Lippincott Manual of Nursing Practice, current edition, Brady Emergency Care, current edition, and local instructions.
REMARKS/NOTES:	<ol style="list-style-type: none">1. Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in administering emergency medications.2. Prior to performing the attached tasks, medical technicians must successfully pass the NLN “Basic Proficiency in Medication Administration” current edition, or locally prepared and approved written test to verify proficiency in the cognitive aspects of medication calculations.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of administering emergency medications.
EVALUATION INSTRUCTIONS:	<ol style="list-style-type: none">1. After the trainee has received instruction, allow sufficient practice on each part of the task.2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.3. Use the performance checklist to ensure all steps of the task are accomplished.4. Document task competency upon completion of the evaluation in the trainee’s OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
EPINEPHRINE AUTO-INJECTOR		
1. Wash hands and don gloves		
2. Identify patient/explain procedure		
3. Verify physician's order using the 5 rights		
4. Obtain epinephrine auto-injector and ensure medication is not expired or discolored		
5. Position patient with thigh exposed		
6. Remove cap from injector		
7. Place top of injector against lateral portion of patient's thigh, midway between waist and knee		
8. Push injector firmly against thigh to activate		
9. Hold injector in place until all medication is administered (approx.10 sec.)		
10. Massage the site with a sterile gauze pad and apply band-aid		
11. Dispose of supplies properly and wash hands		
12. Monitor patient for adverse reactions		
13. Document procedure		
ORAL GLUCOSE		
1. Wash hands and don gloves		
2. Verify physician's order using the 5 rights		
3. Obtain tongue depressor and oral glucose to be administered per physician's order.		
4. Identify patient/explain procedure		
5. Administer glucose: a. For conscious patients, assist patient in drinking orange juice, sprinkling sugar under tongue, or administering other form of glucose under tongue. Monitor the patient's airway closely		
6. Monitor patient's reaction to glucose administration		
7. Dispose of supplies properly and wash hands		
8. Document procedure		
ACTIVATED CHARCOAL		
1. Verify physician's order using the 5 rights		
2. Obtain activated charcoal and magnesium citrate (or other locally approved liquid for mixing with charcoal) and check expiration date		
3. Identify patient/explain procedure		
4. Position patient in upright position		
5. Wash hands and don gloves		
6. Prepare activated charcoal solution per manufacturer's instructions		
7. Assist patient in drinking prescribed dose		
8. Monitor patient		
9. Dispose of supplies properly and wash hands		
10. Document procedure		
SYRUP OF IPECAC		
1. Verify physician's order using the 5 rights (right patient, right drug, right route, right dose, right time)		
2. Obtain syrup of ipecac and check expiration date		

continued on next page

PERFORMANCE ITEM	SAT	UNSAT
SYRUP OF IPECAC <i>continued</i>		
3. Identify patient/explain procedure		
4. Position patient in upright position		
5. Wash hands and don gloves		
6. Prepare correct dose of syrup of ipecac per orders		
7. Assist patient in drinking syrup of ipecac and 1 to 2 glasses of water		
8. Monitor patient for vomiting (<i>Note: save vomitus for examination</i>)		
9. If vomiting does not occur within 20 minutes, administer 1 additional dose if ordered to do so		
10. Dispose of supplies properly and wash hands		
11. Document procedure		
BRONCHODILATOR INHALER		
1. Wash hands and don gloves		
2. Verify physician's order using the 5 rights		
3. Obtain prescribed bronchodilator inhaler and check expiration date		
4. Identify patient/explain procedure		
5. Position patient in upright position		
6. Shake container vigorously several times		
7. Instruct patient to exhale and place mouth around mouthpiece		
8. Instruct patient to depress the inhaler while inhaling deeply through the mouth		
9. Instruct patient to hold breath briefly to permit medication absorption		
10. Assist patient in administering additional dose(s) per orders		
11. Dispose of supplies properly and wash hands		
12. Monitor patient's reaction to medication		
13. Document procedure		
SUBLINGUAL NITROGLYCERIN		
1. Wash hands and don gloves		
2. Verify physician's order using the 5 rights		
3. Obtain nitroglycerin tablet container and check expiration date		
4. Identify patient/explain procedure		
5. Position patient in position of comfort		
6. Obtain baseline set of vital signs		
7. Pour nitroglycerin tablet into medication cup		
8. Place tablet under the patient's tongue and instruct the patient not to swallow the medication		
9. Monitor vital signs closely and patient's reaction to medication		
10. Administer additional dose(s) of medication per orders		
11. Dispose of supplies properly and wash hands		
12. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.